

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Laurence F. Lyons  
Title: FLOORING SYSTEM  
UNDERLAYMENT  
Appl. No.:  
Filing Date:  
Examiner:  
Art Unit:

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 227049285 US	9/15/03
(Express Mail Label Number)	(Date of Deposit)
Carolyn Simpson (Printed Name)	
<i>Carolyn Simpson</i> (Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Laurence F. Lyons  
295 Mainsail Drive  
Grayslake, Illinois 60030

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (15 pages).
- ☒ Informal drawings (1 sheet, Figure 1).
- ☒ Declaration and Power of Attorney (3 pages).
- ☐ Assignment of the invention to Amorim Industrial Solutions, Inc..

- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☒ Information Disclosure Statement.
- ☒ Form PTO/SB/08 with 12 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	31	- 20	= 11	x \$18.00	= \$198.00
Independents	2	- 3	= 0	x \$84.00	= \$0.00
:					
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
				SUBTOTAL:	= \$948.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$474.00
				TOTAL FILING FEE:	= \$474.00

- ☒ A check in the amount of \$474.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

Sept. 15, 2003

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By

Todd A. Rathe

Todd A. Rathe

Attorney for Applicant

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